

Instructions for the Assessment/Supplement to the Long Term Care Functional Screen

1. General Instructions

The Assessment/Supplement was developed as a means to collect sufficient information to meet the requirements for a complete assessment in the various Medicaid waivers. It was designed to be used in conjunction with the Wisconsin Adult Long Term Care Functional Screen in the initial application process. It is not required for program recertification. While the Assessment/Supplement may be used across several Medicaid waiver programs, the individual programs continue to have unique documentation requirements.

- a. **For CIP II/ COP-W;** the Assessment/Supplement, when used in conjunction with the automated Long Term Care Functional Screen, meets the requirements for the COP Assessment, the COP Functional Screen, the narrative and the Health Form in the **initial determination** of eligibility for the COP-W and CIP II Medicaid Waiver programs. A completed Assessment/Supplement must accompany the Long Term Care Functional Screen for all new applications submitted for approval. This form may be altered in appearance or formatted for electronic use but all data elements must be included in any locally developed version. **Note:** Locally generated versions of this form may not be used without prior approval.
- b. **For CIP 1A and CIP 1B** applicants; the Assessment/Supplement, when used in conjunction with the automated Long Term Care Functional Screen, meets the requirement for the CIP Assessment, the COP Functional screen and the LOC 2256 form in the **initial determination** of eligibility for CIP 1A and CIP 1B. A completed Assessment/Supplement or another approved assessment document must accompany the Long Term Care Functional Screen for all new applications submitted.

For CIP 1A and CIP 1B, the Assessment/Supplement **does not** replace the Service Plan Narrative. The narrative continues to be a required component of the service plan packet. The content of the narrative provides a detailed explanation of how the services included on the Individual Service Plan will be implemented to meet all of the applicant's needs that were identified in the assessment process. It is expected that the assessment will continue to be a person-centered process, focused on the applicant's preferences and conducted in a manner that encourages active applicant participation.

2. Content and Completeness

All of the elements should be considered as **required information**. Specific questions that do not apply to the individual applicant may be noted as "Not Applicable." In all other elements the assessor should include enough information to present a clear, current picture of the applicant and his/her needs, current supports/services and preferences. As is the case with the other required documentation in the application packet, submission of an incomplete Assessment/Supplement may delay the eligibility determination.

3. Signature Requirements

- a. For CIP II/COP-W, the Assessment/Supplement must be signed by both the care manager **and** a registered nurse. If the RN signature cannot be obtained, a completed and signed DDE-810 (Health Form) must accompany the application.
- b. For CIP 1A and CIP 1B, the Assessment/Supplement must be signed by the Support and Service Coordinator. The RN signature is not required.